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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <div style="text-align: center;">01-307</div>										
	In re Application of <div style="text-align: center;">Mark J. Pivac</div>											
	Application Number <div style="text-align: center;">09/885,263</div>	Filed <div style="text-align: center;">05/29/2001</div>										
	For <div style="text-align: center;">SUSPENSION LEVELING SYSTEM</div>											
	Group Art Unit <div style="text-align: center;">3616</div>	Examiner <div style="text-align: center;">Deann L. Draper</div>										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 80%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1129</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>41,318</u>.</p> <p style="text-align: center; margin-top: 20px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><u>03/18/2004</u> Date</div><div style="width: 45%; text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; text-align: center;"><u>James R. Smith</u> Typed or printed name</div><div style="width: 45%;"></div></div>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00											
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
<input type="checkbox"/> Total of _____ forms are submitted.												

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01 FC:1801 770.00 DA  
02 FC:1231 110.00 DA